



Notification of Social Services Law § 424-A Procedures

The New York State *Protection of People with Special Needs Act* (Chapter 501 of the Laws of 2012) requires that the Office of Mental Health inquire as to whether a prospective candidate being actively considered for employment is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register for Child Abuse or Maltreatment (SCR). OMH is required to obtain an SCR screen of prospective candidates who may have the potential for regular and substantial contact with patients receiving services from OMH.

Based upon the position for which you applied and are currently being considered, OMH must make such an inquiry to the SCR regarding you, as part of the pre-employment background check process. You will be directly notified by the SCR if the result of this inquiry identifies you as the subject of an indicated report of child abuse or maltreatment. The SCR will also notify you of any applicable appeal rights that may be available to you.

If you are the subject of an indicated report of child abuse on the SCR, you will be required to share any documentation provided to you by the SCR and/or sign a release form authorizing the SCR to share a copy of the report. This information will be reviewed by OMH and taken into consideration with respect to your application for this position. In some cases, OMH may wish to share some information from the report with the Department of Civil Service before a final decision is made. Your permission is necessary before these disclosures can be made.

_____ at _____
Renee Duarte at Pilgrim Psychiatric Center
OMH Facility Staff Member OMH Facility Name

By signing below, you acknowledge that the OMH Facility Staff Member whose name appears on this notification (above) may be required to disseminate a copy of the SCR report about you to OMH Center for Human Resources Management, located at 44 Holland Avenue, Albany, NY for the purpose of considering your application for employment, and you agree to this disclosure. By signing below, you also agree to allow OMH Center for Human Resources Management to disclose information from the SCR report about you to the New York State Department of Civil Service, for the sole purpose of reviewing your application for employment.

I attest that I have read the above and that I understand it, or it has been explained to me so that I understand it.

Applicant	Date
Signature	

Received by	Date
Signature	